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				OCOSO100	COCOCIO GOODO (10020/2)/2	-9-40-77		444444	* *** ****			99.00
			O COLOR	\$ 1 2 gr		र इ	# 40 #					
	Carrier al Alexander	Carl Carlot	RACCO CONTRACTOR	eriati	Wild HOUSE	46.44	SEASON	Anni-			and the same	
,,,			D.777761	MN4"	No.: NEC	CB	5	Application	סת סר	Docket N	nuper .	•:
		ective Octo			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• •		10/60-	767.	3	•	
	CLAIMS	AS FILED	- PART	1	<u> </u>		SMALL	• / .	<u> </u>			
		(Colum			(Column 21		TYPE		OF	OTHE SMAL	R THAN L ENTTY	,
OTAL CLAIMS		15	15		·		RATE	FEE		RATE		
DR .		NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FE	E 385.00	OF	BASIC FE	E 770.00	0
TAL CHARGEABLE CLAIMS		15 1	15 minus 20=		· Ø		XS 9=		OF	XS1.8=	1	
DEPENDENT CLAIMS		2	2 minus 3 =		. Ø		X43=	1	1	1	 	-
JLTIPLE DEPENDENT CLAIM PR		PRESENT	RESENT				1.15		_ OR	` <u> </u>	 	4
the different	s less than	less than zero, enter		column 2	_1	+145=		JOR	L			
						TOTAL		JOA	TOTAL		_[
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3))	SMALL	ENTITY	OR		R THAN ENTITY	
	CLAIMS REMAINING AFTER		HIGHE NUMB PREVIO	ST ER USLY	PRESENT EXTRA]	RATE	ADDI- TIONAL]	RATE	ADDI- TIONAL	
Total	* 23	Minus	PAIDF	OR \	= 3		X\$ 9=	FEE	,	X\$18=	FEE	-
Independent	1. 3	Minus	3	, ,,,, ,	= -	1		0/	OR		<u> </u>	4
	ENTATION OF M	NULTIPLE DE	PENDENT	CLAIM		1	X43=	ļ <u>.</u>	OR.	X86=		1
							+145=		OR	+290=		
8,18.0	4			•	,	Þ	TOTAL DDIT. FEE	27.00	OR	TOTAL ADOIT. FEE		
7/10	(Column 1)		(Colum		(Column 3)	1 ~	-	· · · · · · · · · · · · · · · · · · ·	, .			
	REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total -	- 23 -	Minus	23		= -		X\$ 9=		OR	X\$18=		1.
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TRST PRESI	ENTATION OF M	ULTIPLE DE	PENDENT C	MIAL		 -			OR			
						L	+145=		OR	+290=	•	
	•		,		-	A	TOTAL DOT. FEE		OR ,	LATOT TOOM		1
	(Column 1)		(Column		(Column 3)				٠			
	REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	Ŀ
otal	*	Minkes	·au	·	E		X\$ 9=		OR	X\$18=		
idependent	•	Minus:	die.		e	-	X43=		ı	X86=		ļ
IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OR			
ve entry in colu	mn 1 is less than th	C entry in cost-	mo 2 write 10	' in mi	ıma 3	L	145=		DR	+290=	·	
re Highest Nu	mber Previously Pa	d For IN THE	SPACE IS HE	es than	20, enter 720.	AD	TOTAL DIT. FEE		OR A	TOTAL DOT, FFE		